

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10665102</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							51	
2		1					52	
3		1					53	
4		①					54	
5		①					55	
6		①					56	
7		①					57	
8		①					58	
9		1					59	
10		1					60	
11		1					61	
12	1						62	
13		1					63	
14		1					64	
15		1					65	
16							66	
17							67	
18							68	
19							69	
20							70	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	13						TOTAL DEP.	
TOTAL CLAIMS	15						TOTAL CLAIMS	